THE ENVIRONMENT AS A FACTOR IN THE AETIOLOGY OF CRIMINAL PARANOIA.*

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DURING several years of service at Broadmoor and in the prisons the writer saw a number of cases of criminal paranoia, and was impressed by the importance of external situations in the aetiology of the psychosis. The purpose of this short paper is to draw attention to the environmental stresses to which some of these patients have been subjected, and to try to show that criminal paranoia may sometimes be a reaction to an intolerable and inescapable predicament.

Paranoia is often said to be one of the most dangerous forms of insanity, but it is not a very common cause of serious criminality. Cases of true paranoia, as described by Kraepelin, are rarely seen in prisons, and they are as rare in Broadmoor as in other mental hospitals. Paranoidal cases in general are not very common, and of 300 consecutive male homicides admitted to Broadmoor only 45 were suffering from a systematized delusional psychosis. The late Dr. W. C. Sullivan, a former Medical Superintendent of Broadmoor, in his book on Crime and Insanity suggested that the evil reputation of paranoiacs was based on their attitudes while under restraint rather than on their criminal achievements, and in a series of 66 cases of paranoidal crime studied by East, only 12 were crimes of violence to the person. Nevertheless, although the dangerousness of the paranoidal patient has perhaps been overstated, the paranoidic is at times liable to commit serious crime, and among 65 consecutive male admissions into Broadmoor the writer found 11 cases of paranoidal psychosis, and of these, 5 had been charged with murder and 3 with attempted murder or wounding.

I should perhaps first define what I mean by paranoia. For the purpose of this paper I am using the term paranoia to describe those cases of psychosis in which (a) delusions are the most prominent feature, (b) there is relatively little evidence of other impairment of psychic function, and (c) there is no definite exogenous factor such as alcohol. This definition excludes the so-called alcoholic paranoia. Chronic alcoholic psychosis with delusions is present in a considerable proportion of insane homicides and is a more dangerous disorder, but it presents such characteristic features, at least in its criminal aspects, as to justify one in regarding it as a separate clinical entity. I should also say that I am using the term "crime" in the legal sense of an act or omission which is punishable by law. By criminal paranoia I mean simply

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paranoia associated with such acts or omissions, without reference to the question of moral turpitude or culpability.

The importance of an adverse environment as a causative factor in paranoia has always been an arguable point but, so far as I am aware, it is one which has not impressed forensic psychiatrists. Bleuler regards "paranoia querulans" as arising on the basis of a real injustice and, writing of paranoia in general, says: "The only known symptom of paranoia, the delusional formation, proves to be a reaction form to certain external and internal situations. At all events, it is not a direct result of any process in the brain, or of a constitutional degeneration, and one must assume that at least in the milder cases the disease would not have broken out without being released by an external situation, or at least would not have assumed the same form—invariably we see at the root of the disease a situation to which the patients are not equal, and to which they react by means of the disease."

In the great majority of cases of criminal insanity the psychosis appears to be essentially of constitutional or organic origin, or to be due to some toxic factor such as alcohol. Thus depressive psychosis is probably the most dangerous form of insanity, being present in over 20 per cent. of the male homicides admitted to Broadmoor, and when associated with murder it is usually of the manic-depressive or involutional type; reactive depression rarely gives rise to homicide. But in the case of criminal paranoia I have often been impressed by the strength of the adverse environmental factors, and this appears to apply both to certain cases of paranoidal psychosis, and also to some of those peculiar non-psychotic (or, at least, non-certifiable) paranoidal eccentrics which one sees fairly frequently in prisons. I remember examining at Brixton Prison an old man who for most of his life had been a Hyde Park orator, his particular creed being atheism and anarchy. He was not of a vicious or criminal type, but had come into conflict with the law on a minor charge—I think it was obstructing the police—and the magistrate had evidently thought it a suitable opportunity to have him medically examined. He was a charming and intelligent old man, with the appearance and eloquence of an ancient prophet, but it was clear that with the passage of years his mission to convert the world had become merely a routine job of work and a means of livelihood. He was surprised when he was asked about his childhood, and told me that he was an orphan and was brought up in a workhouse. At the age of 8 years he ran away to try to find his parents, whom he had never seen. He was arrested and charged with stealing workhouse clothing, that is to say the suit he was wearing, and was sentenced to 14 days' hard labour and to six years in a reformatory. At the age of 14 years he was given a Bible, a Prayer Book and half-a-crown and was sent out into the world to earn his living. He did not consciously associate these early experiences with his lifelong creed of militant atheism and anarchy, and I thought it was too late to attempt psychotherapy. It would have been rather cruel to try to show that he had wasted over half a century because of a wrong judgment of society, if it was a wrong judgment, so I wished him luck in his work and we parted as friends. A similar kind of history was to be found in some of the numerous eccentrics who were received into prison as a result of the war, whether they were labelled Fascists, Peace
Pliders or Conscientious Objectors. I recollect a youth of 18 stated to be a conscientious objector, who was remanded to prison because he refused to be medically examined before appearing before a tribunal. I explained that I had no option but to examine him on admission to prison, and he was quite agreeable to my doing so provided that I did not report my findings to the tribunal. He was suffering from gross rheumatic carditis, with a decompensated heart, was quite unfit for any form of military service and was fully aware of this. He wanted to be a hero, and as the Government had wisely refused to make conscientious objectors into martyrs he had to go a step further and incur punishment by refusing to be medically examined.

In the case of paranoia associated with more serious criminality the mental disorder is sometimes related to an external situation which is so disagreeable as to be, to my mind, almost unendurable. I have no figures to offer as to the frequency of this association, and if I had they would be valueless because what constitutes an intolerable environment is a matter of personal judgment. But in reading through the cases of criminal paranoia which I recorded, I find that in about one-third of them the subject had grave external difficulties which were usually not of his own making, and also that the more closely the psychosis approached a true paranoia, or the further removed it was from the schizophrenic complex, the more obvious was the role of these external factors. I will try to demonstrate how powerful can be these external factors by means of four illustrative cases.

The first case is one of criminal libel. This is perhaps the most typical of all paranoidal crimes and, in my experience, is almost always associated with mental abnormality. It is a rare crime, and I have seen only a few cases, but in every case the subject was either a frank paranoiac or an obviously paranoid personality. It is not difficult to see why this should be so. The paranoiac may be regarded as a person whose overgrown ego has led him to attempt what is for him an impossible achievement, and who has disowned his failure and preserved his self-esteem by building up a system of delusions. These delusions are his defence against self-criticism and self-exposure, and his great aim is to keep them active. He welcomes punishment because it serves to strengthen his delusions, and may invite it by committing a crime. The ideal crime for his purpose is one which brings him notoriety and martyrdom, is in harmony with his delusions and is justifiable if his beliefs are true. Criminal libel, directed against his supposed persecutors, fulfils all his requirements.

In the following case the patients' difficulties were so overwhelming that one wonders whether it is necessary to assume that there was any constitutional basis for the development of paranoid delusions.

**Case 1.**—A man, aged 27, single, was charged with uttering a defamatory libel. He was found to be insane, and was ordered to be detained during His Majesty's pleasure.

There was no neuropathic family history.

The patient was undersized and of poor physique. He had a gross contracture and wasting of the right forearm and hand as a result of some old deep-seated suppuration. He was almost stone-deaf and could lip-read only a little, so that most of the examination was carried out by means of written questions and answers. He gave the following history:
He was born in Scotland and lived there for 21 years. After an elementary education he was apprenticed to a carpenter. When he was 21 and almost ready to start work on his own an accident to the right forearm and hand rendered the limb useless for skilled manual work. He then decided to become a journalist and attended evening classes with this object in view, supporting himself meanwhile by clerical work. Four years later he got his first job as a reporter, but within a few weeks he developed bilateral otitis media which left him completely deaf. He then obtained work as a collector for a Deaf and Dumb Society, and did some clerical work, but for some reason he lost this post. He then held several clerical jobs for short periods and also attempted, unsuccessfully, to earn a living by teaching journalism by correspondence.

The patient was charged with sending scurrilous postcards to the secretary of the Deaf and Dumb Society which had formerly employed him. He admitted the offence, and said that this man was the leader of a gang of men who had been persecuting him for years. Because of this persecution he could not get a decent job and had become one of life's failures. When asked how these men persecuted him, he said that one of their favourite methods was to libel him in the press so that his potential employers would read about him and refuse to give him work. On one occasion he rushed up to me in a state of great excitement, with a newspaper in his hand. On one page there were photographs of the King and of a well-known comedian. This he interpreted as a reference to himself—the comedian represented himself, and implied that he was a fool, and the King's photograph represented "His Majesty's pleasure." He believed that the photograph had been inserted at the instigation of his persecutors.

Although the patient had only an elementary school education he had acquired a good command of English. At my request he wrote out his story in full, and the following extract will show that he had developed a fluent journalistic style: "The postcards were simply a fair retort—there is no guilt on my conscience but a great deal on the conscience of G—. He was my employer for nearly three years. You will see the part played by G—in the vendetta which has strangely enough landed me here. No more now—perhaps later when I am feeling legato."

It is difficult to imagine a more disastrous and pitiful history than the one given by this patient. A young, ambitious Scotsman devotes four years to becoming a skilled artisan. On the eve of his career he is baulked by a physical affliction which renders his training completely useless. He then spends another four years training himself for a totally different work requiring no manual dexterity, and at great personal sacrifice. Again his career is wrecked by a physical disability. At the age of 25 he is not only unfit for almost any kind of employment but is also, by his deafness, largely excluded from ordinary social intercourse. He was condemned to spend the rest of his life as a semi-parasite upon society, and his pride and self-respect were shattered. Persecutory delusions offered a way of escape from an intolerable reality.

The second case, which I saw in Holloway Prison during the war, is one of uttering threats. This is also a typical paranoid crime, and for the same reasons as apply in the case of criminal libel, a crime to which it is closely akin. In this case also the subject was in an intolerable situation from which there was no escape.

Case 2.—A woman, aged 30, an Indian, was charged with uttering threats and was remanded to prison for a psychiatric examination. The circumstances of the offence were that she had several times threatened violence to a man who was lodging in the same house, and had finally bought a horsewhip which she carried with her wherever she went in the hope of meeting him. Two years previously she had been convicted of assaulting a policeman and had served one year's imprisonment.

When first examined she was hostile, aggressive and intensely paranoid, and her conversation consisted of an unending story of British persecution of the Indian peoples. She was an educated woman and spoke perfect English. She was not hallucinated but had numerous ideas of reference, and even her remand to prison
for a medical report was interpreted as part of the persecution. A diary was found on her, and the following are typical extracts:

"India has a wage of £2 a year per head.
England has a wage of £500 a week per head.
Robbery, isn't it?
Curse, God's curse on this Devil's Island."

Of a visit to Madame Tussaud's she wrote:

"Better actors and actresses than the English were put into the background of English characters. Anna Neagle was made to look far better than she really is, and is shown as Queen of all the stars, placed right in the middle of the front row; Marlene Dietrich, most famous and most beautiful film star of the time is placed in the background. Everywhere you go you find these English are just like a pack of monkeys or a herd of wolves.

"This race wants wiping out of the face of the earth. My curse upon them and the curses of thousands of millions fall heavily upon them. God's great hand has spread heavily against them—His justice will prevail. He alone will punish them. It is beyond one's patience. Curse, curse, curse."

It was with some difficulty that the patient's personal history was obtained, but eventually she gave the following account of her past life. She was born in India in 1910, and was of pure Indian extraction. She was educated at Lucknow College until the age of 18 and qualified as a teacher. In 1933 she married an English soldier and lived happily with him in India until 1936, when she followed him to England and lived in the married quarters of a garrison town. From that point her story was one of unending petty persecution. The other soldiers' wives despised and abused her, and her husband began to drink heavily, and finally to ill-treat her. In 1939 she was granted a separation order and an allowance of 18s. a week, and since then had lived alone in cheap lodgings. There were no children. When questioned about the offence with which she was charged she said that a man lodging in the same house had insulted and threatened her, and that she had bought the horse-whip in order to protect herself. The reason she gave for assaulting the policeman was that he had told her husband that he should not have married an Indian.

It requires little imagination to fill in the gaps in her story and to realize the strength of the external factors in this case. A sensitive, educated and intelligent Indian woman marries an English soldier in India and lives happily with him for three years, no doubt enjoying and identifying herself with the artificial glory which invested even a humble member of the ruling race. She then follows him to England and finds that she is merely the despised coloured wife of a soldier who is considered to have disgraced himself by marrying her. We may imagine that the attitude of the other soldiers' wives towards her was not one of tolerance and friendliness, and the fact that she was an educated and sensitive woman would act as a further incentive to the malicious. We know nothing about her husband, but he may well have been a decent man who, goaded by the incessant pinpricks of his friends and the early paranoid nagging of his wife, eventually turned his thwarted aggressiveness against her. Finally, by the outbreak of war, she is prevented even from returning to her own country.

In this case I do not think we need assume that there was a morbid constitutional factor at the root of her psychosis, although the type of reaction was no doubt determined by her temperament. She was trapped in an environment which would have been intolerable not merely to the inflated pride of a paranoid but to the self-respect of a normal person, and paranoia was her only way of escape.

The last two cases are of murder committed by paranoiacs, and I think they are worth describing because they illustrate the influence of an adverse sexual environment.

One of the striking features of paranoid crime is that although sexual delusions are common, sexual offences are very rare. The crimes attributable to delusional jealousy are almost always of a homicidal nature, and the amorous paranoiac, although he may pester the lady of his choice in all manner of ways,
very rarely commits a sexual assault. In East's 66 cases of paranoid crime no prisoner was directly charged with a sexual offence. It is often said that the paranoiac is sexually weak, and Bleuler found a "peculiarly weak sexuality" in all his persecuted paranoiac patients. But it is probable, I think, that the paranoiac is sexually weak only because he has made himself so—he has inhibited his sexual energy so that he can use it for ego purposes. He may or may not have inhibited it completely, but he has certainly learned a good deal about his sex impulses in his attempts to conquer them and so can readily see them in others. It is after the failure of his attempt to suppress sex that sexual delusions are likely to arise in his efforts to project the scorn and contempt which he feels for himself because of this failure. Sexual delusions therefore sometimes first appear after marriage, in the form of delusions of infidelity and sexual viciousness on the part of the spouse, and may culminate in a homicidal attempt. But occasionally the sexual situation which arises after marriage is a very disagreeable one, as in the following two cases. In these two cases of murder committed by paranoiacs the psychosis was associated with a very unpleasant sexual environment, but in contrast with the preceding cases the patients' difficulties were not insuperable—they could have been ended by resolute action. Moreover in both these cases there was stronger evidence of constitutional taint. Nevertheless the external situations were so unpleasant as to warrant the assumption that they played an important part in the development of the psychosis.

CASE 3.—A man, aged 30, murdered his daughter, a baby aged 22 months, by throttling. He was found guilty but insane.

A maternal aunt and uncle were in mental hospitals.

The patient gave the following history: He had the usual elementary education and then worked as a dock-labourer. Eventually he became a marine foreman and worked on board ships for short voyages. He married at the age of 22, and a son was born two months later. The marriage was happy for about four years until, as he said, he discovered that his wife had committed incest with her father both before and after marriage. As a result of this discovery he separated from her for 18 months, but a reconciliation then took place and they lived happily together for another two years. During this time he was unemployed and they lived on the dole; he did not try very hard to get work as he had saved a little money and thought he might as well enjoy it. When his money was exhausted he found work in a ship and was away on a voyage for a fortnight. He returned home one night and found his wife looking ill and haggard. The next day he left on another fourteen days' voyage. On his return he was horrified by his wife's condition—she was haggard in appearance, had lost three stones in weight, and smelled of semen. He came to the conclusion that she must have been debauched by a number of men, because one man alone could not have caused so great a harm, and he suspected that his sister's husband was the leader of this gang of men. He taxed his wife with visiting brothels in his absence and did not believe her denials. Because of her condition he insisted on her entering a hospital, but when he visited her there he tasted semen on her lips. He then heard that the doctors had been treating her in a private room and realized that they too had been debauching her. He therefore took her out of hospital on his own responsibility. Finally he realized that she must have been leading a life of debauchery for a long time, and came to the conclusion that his wife's younger child, aged 22 months, was probably the daughter of his sister's husband. He thought that any child having such a father would be better dead, and one night, after nursing the child in his arms, he throttled her. He denied that he had ever threatened to kill his wife or his sister's husband, although evidence was given to this effect.

When first examined this case appeared to be a straightforward one of delusional
jealousy, and all the patient’s sexual ideas were regarded as delusional. The patient stated that his wife had admitted to incestuous relations with her father, but such alleged confessions by the spouse are frequently quoted by patients with delusional jealousy. In such a case it is usually found either that the patient has put a false interpretation on some trivial remark or, more commonly, that the alleged confession was the result of persistent accusations, threats of violence, or even actual assault. In this case, however, the explanation was very different, for when the police and other reports were received it was found that the wife had admitted to the police the incestuous relations with her father before marriage and had said, in answer to a question, that she “thought” her husband was the father of her two children.

In the following case the sexual situation which confronted the patient after marriage was even more unpleasant.

CASE 4.—A man, aged 33, murdered his wife by battering her head with a hammer. He was found guilty but insane.

The patient denied any familial taint, but the police report contained the following information: “All the family are of inferior intellect, and the elder brother and sister appear to be morally weak. The sister appeared in a case of carnal knowledge at the age of 12 years. Nothing is known against either parent.”

The patient gave the following history: He had the usual elementary education, and at the age of 17 joined the army. He served in India for ten years and was then discharged. In India he had one attack of malaria, and in 1924 he had a soft chancre. He had not suffered from syphilis, and repeated serological tests were negative. After his discharge from the army he worked as a railway porter and was so employed at the time of the crime.

In 1932 he became intimate with a woman friend of his sister, and within a fortnight of his first meeting the women he married her because she told him that she was pregnant. A daughter was born seven months after the marriage—the patient said that it must have been premature and appeared to have no doubt that he was the father. After the marriage he and his wife lived in two rooms, and his sister came to live with them and slept in the same bedroom. His wife, he said, would not permit him to have normal sexual relations with her, and the only occasion on which he had normal intercourse with her was once before marriage. She practised a number of perversions on him, however, and would relieve him by means of masturbation and fellatio. After so doing she would get into bed with his sister, and he often awoke during the night to hear them indulging in amorous exchanges.

According to the patient this sort of life went on for two or three years, and although he tried to turn his sister out of the house his wife objected, and she always returned. Eventually he came to the conclusion that his wife must be suffering from some strange disease and that she had infected him and his sister. He believed that this disease was due to a “cancer-consumption” germ, and that she had purposely infected him because she wished him to die. He also believed that his wife’s parents were suffering from the same disease and, in addition to his wife’s alleged sexual perversion, he gave the following reasons for his belief:

1. His wife had insured him for a small sum immediately after marriage.
2. A young man who had been friendly with his wife before marriage died suddenly.
3. A child who lived in the same house as his wife’s parents suffered from fits.
4. For several months before the crime his food had had a queer taste, and for a few weeks before the crime he had suffered from a pain in the chest and an unpleasant taste in the mouth.

Finally his daughter, then aged 3½ years, said to him one morning, “Mammy hurt me.” For some time he had suspected that his wife had been interfering sexually with her daughter, but until then he had had no proof. When the child said this to him he “lost his head” and killed his wife with a hammer. He then put on his best suit, told his brother what had happened, and surrendered to the police.

At first it was thought that the whole of the patient’s story was part of a complex delusional system, but after reading the reports on the case one’s opinion had to be
considerably modified. The patient's sister, on oath, made the following statement: "I got on well with the deceased. I was more than friendly—I loved her. My brother and his wife were not living together as man and wife—they occupied different beds. I slept with my sister-in-law. He asked why I did not break with my sister-in-law and take some boy friends. I said I did not take any interest in boys—I told him that she loved me and I loved her. On September 5 I went to —— Road at 2.30 p.m. and went to bed with her until 4 p.m. Accused came in at 5 p.m. I thanked him for giving her back to me." This sister also told one of the medical witnesses that when the patient got up in the morning he would strip, "walk about; and wave his penis." The police surgeon who examined the little girl found no signs of any interference, but stated that when he commenced to examine her she "lay back, smiled, and opened her legs as though in expectation of pleasure."

The patient settled down quite well and soon appeared to lose his delusions. He was too quiet and seclusive, however, and his expression was always rather morose and furtive. About six months after admission I had a long talk with him. At first he said that he was quite well and had lost all his "silly ideas," but eventually he told me that he knew that he was still affected by the "cancer-consumption germ. He said that he had remembered that his wife used to walk about muttering "Eight and three, eight and three." At the time he did not know what she meant, but he now realized that she meant that she had killed eight men and that three more were to die. He knew that he would be one of the three.

It is not difficult to understand why paranoid delusions developed in this case. A weak-willed man marries an almost incredibly vicious woman and, instead of taking determined action from the beginning, he allows himself to drift into a state of extreme sexual depravity. When this situation has arisen paranoia offers his only way of escape without admitting to himself his own humiliating moral failure. It will be noted that his delusions take the one form that will free him from all blame—he believes that his wife is diseased and that she has infected him, and thus he becomes, not her acquiescent partner, but her victim. But even this comforting paranoia will not excuse him for permitting the defiling of a young child, so that in the end he is driven to violent action.

These two cases illustrate another important point—that in cases of paranoia no statements should be regarded as delusional merely because they are very improbable. Both cases were first examined before the writer had seen the police records, and sexual delusions are so typical of the homicidal paranoiac that one's first impression was that the whole of the patients' statements on sexual matters were delusional. Later many of their statements were found to be true, but I think it probable that if these cases had not been subjected to police investigation much of the truth might have remained hidden. In the histories as given by the patients, fact and fancy were so closely connected that it would have been easy to regard the whole of the stories of sexual degradation as delusional, and in ordinary circumstances it is not likely that the relatives concerned would have confirmed any of the patients' statements. The whole truth was elicited, I think, only as a result of the very careful police inquiries which are made in cases of murder. I have received similar surprises in other criminal cases. On one occasion I examined a paraphrenic woman charged with stealing money. Acquisitive crime is not uncommon in paranoiacs and usually takes the form of fraud, with a denial of any ill-intent, the subject having misappropriated other people's money to further his grandiose delusional schemes. This was such a case, and the woman was obviously psychotic with numerous delusions and hallucinations. Among other things she told me that she was under the guidance and protection of a mysterious woman arrayed in a blue cloak and a peculiar headdress, with a swastika on her forehead and the signs of the Zodiac around her wrists. I reported her insane, attended Court and intended to give prominence to this mysterious figure in my evidence. To my astonishment the first witness called by the defence, who were trying for a full acquittal, was dressed exactly as had been described to me by my patient. I was very glad on that occasion that medical evidence is usually taken last, and that an expert witness is allowed to be in Court throughout the trial and hear evidence as to fact. After two or three similar, though less startling surprises, one became almost obsessively meticulous when examining paranoiacs, and would hesitate before rejecting a patient's claim to be of royal or even of divine origin.
To return to the subject after this digression I believe that in certain cases of criminal paranoia the subject has had grave external as well as internal difficulties, and that occasionally criminal paranoia may be regarded as a logical and almost inevitable reaction to an unbearable and inescapable environment. I also think that the part played by the external situation is more clearly shown in criminal than in non-criminal paranoia, although I have had less experience of the latter condition. If this be a fact, it may conceivably be due to two reasons. It may be that paranoia which is based upon a real and intolerable predicament is more likely to give rise to desperate action, and it may also be that in serious criminal cases the whole truth is more likely to be discovered than in non-criminal cases. In paranoia the truth is sometimes almost as strange as the delusional fiction.